Commonwealth of Pennsylvania

Campaign Finance Report

(Note: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	1776395	Report Filed By:	[redacted] 1.	[redacted] 2. X	[redacted] 3.

Name of Filing Committee, Candidate or Lobbyist:
Quetcy Lozada for State Rep

Street Address:
4323 Palmetto Street

City: Philadelphia | State: PA | Zip Code: 19124

TYPE OF REPORT	[redacted]	1.	[redacted]	2.	[redacted]	3.	[redacted]	[redacted]	X
	[redacted]	4. X	[redacted]	5.	[redacted]	6.	[redacted]	X	[redacted]
	[redacted]	7.	YEAR	2014					

Name of Office Sought by Candidate:	DATE OF ELECTION MO.	DAY	YEAR	District Number:	Office Code:	Party Code:	County Code:
Representative in the General Assembly	11	4	2014	180	STH	DEM	51

Summary of Receipts and Expenditures from: MO. 6 DAY 10 YEAR 2014 **To** MO. 9 DAY 15 YEAR 2014

A. Amount Brought Forward From Last Report	$ 783.97
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 353.42
C. Total Funds Available (Sum of Lines A and B)	$ 1,137.39
D. Total Expenditures (From Schedule III)	$ 1,137.39
E. Ending Cash Balance (Subtract Line D from Line C)	$ 0
F. Value of In-Kind Contributions Received (From Schedule II)	$ 0
G. Unpaid Debts and Obligations (From Schedule IV)	$ 0

FOR OFFICE USE ONLY
CITY COMMISSIONERS
2015 MAR -2 P 4: 39
COUNTY BD. OF ELECTIONS

AFFIDAVIT SECTION

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20 _____

Signature

My commission expires _____ MO. DAY YEAR

Signature of Person Submitting Report

Printed Name

Area Code | Daytime Telephone Number

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

28 day of February 20 15

Signature

My commission expires 3 MO. 6 DAY 2016 YEAR

Signature of Candidate

QUETCY LOZADA
Printed Name

267 | 648.7423
Area Code | Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
MIGUEL MARTINEZ, Notary Public
City of Philadelphia, Phila. County
My Commission Expires March 6, 2016

SCHEDULE I

Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS: $50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	$ 0

2. CONTRIBUTIONS $50.00 TO $250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	$ 0
All Other Contributions (Part B)	$ 0
TOTAL for the Reporting Period (2)	$ 0

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	$ 0
All Other Contributions (Part D)	$ 0
TOTAL for the Reporting Period (3)	$ 0

4. OTHER RECEIPTS: REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	$ 353.42

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	$ 353.42

Part A

Contributions Received From Political Committees

$50.01 TO $250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from $50.01 to $250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name of Contributing Committee			MONTH DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MONTH DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MONTH DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MONTH DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MONTH DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MONTH DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		

Part A Total

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

Part B

All Other Contributions

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committe or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Full Name of Contributor			MO. DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

Part B Total

Part C

Contributions Received From Political Committees

OVER $250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over $250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period From 06/10/2014 To 09/15/2014
Quetcy Lozada for State Rep			
Full Name of Contributing Committee			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
			Part C Total

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

Part D

All Other Contributions

OVER $250.00

Use this Part to itemize all other contributions with an aggregate value of over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

Part D Total

Part E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name	Mo.	Day	Year	Amount
PECO Exelon	6	12	2014	$ 250.00
Mailing Address: PO Box 37629				
City: Philadelphia; State: PA; Zip Code (Plus 4): 19101				
Receipt Description: Refund				
Full Name: M Burr Keim Co	7	8	2014	$ 103.42
Mailing Address: 2021 Arch St, #2				
City: Philadelphia; State: PA; Zip Code (Plus 4): 19103				
Receipt Description: Refund-duplicate charge				

Part E Total $ 353.42

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

SCHEDULE II

In-Kind Contributions And Valuable Things Received

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committe or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.01 TO $250.00 (FROM PART II)	
TOTAL for the Reporting Period (2)	$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER $250 (FROM PART III)	
TOTAL for the Reporting Period (3)	$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.	$ 0

SCHEDULE II

Part F

In-kind Contributions Received

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Contribution			
Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Contribution			
Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Contribution			
Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Contribution			

Part F Total

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

SCHEDULE II
Part G

In-kind Contributions Received

VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name of Contributor			MO DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	
Full Name of Contributor			MO DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	
Full Name of Contributor			MO DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

Part G Total

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate: Quetcy Lozada for State Rep

Reporting Period: From 06/10/2014 To 09/15/2014

To Whom Paid	Mo.	Day	Year	Amount
Lead Pac	8	19	2014	$ 297.52
Mailing Address: PO BOX 60957				
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133		
Description of Expenditure: Contribution-closed acct				
TMobile	6	10	2014	$ 97.15
Mailing Address: NTF				
City: Philadelphia	State: PA	Zip Code (Plus 4):		
Description of Expenditure: Cellphone				
Liberty Gas	6	12	2014	$ 68.31
Mailing Address: NTF				
City: Philadelphia	State: PA	Zip Code (Plus 4): 19100		
Description of Expenditure: Gas expenses				
Dunkin Donuts	6	23	2014	$ 13.43
Mailing Address: NTF				
City: Philadelphia	State: PA	Zip Code (Plus 4):		
Description of Expenditure: Mtg expense				
TD Bank	6	30	2014	$ 8.00
Mailing Address: 217 W Lehigh Ave				
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133		
Description of Expenditure: Service Fee				
TD Bank	7	31	2014	$ 8.00
Mailing Address: 217 W Lehigh Ave				
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133		
Description of Expenditure: Service Fee				

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate: Quetcy Lozada for State Rep

Reporting Period: From 06/10/2014 To 09/15/2014

To Whom Paid	Mo.	Day	Year	Amount
TD Bank	7	1	2014	$ 250.00
Mailing Address: 217 W Lehigh Ave				
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133		
Description of Expenditure: Community Contribution				
TD Bank	7	28	2014	$ 200.00
Mailing Address: 217 W Lehigh Ave				
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133		
Description of Expenditure: Community Contribution				
Acme	7	21	2014	$ 25.01
Mailing Address: NTF				
City: Philadelphia	State: PA	Zip Code (Plus 4):		
Description of Expenditure: Meeting Expense				
TD Bank	7	1	2014	$ 3.00
Mailing Address: 217 W Lehigh Ave				
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133		
Description of Expenditure: Bank fee				
Travelers CA	7	28	2014	$ 6.50
Mailing Address: NTF				
City: Ocean City	State: NJ	Zip Code (Plus 4):		
Description of Expenditure: Meeting Expense				
Travelers CA	7	30	2014	$ 16.00
Mailing Address: NTF				
City: Ocean City	State: NJ	Zip Code (Plus 4):		
Description of Expenditure: Meeting Expense				

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate: Quetcy Lozada for State Rep

Reporting Period: From 06/10/2014 To 09/15/2014

To Whom Paid	Mo.	Day	Year	Amount
Sunoco	8	4	2014	$ 30.00
Mailing Address: NTF				
City: Ocean City	State: NJ	Zip Code (Plus 4):		
Description of Expenditure: Meeting Expense				
To Whom Paid: M Burr Keim Co	6	10	2014	$ 103.42
Mailing Address: 2021 Arch St, #2				
City: Philadelphia	State: PA	Zip Code (Plus 4): 19103		
Description of Expenditure: Duplicate Charge				
To Whom Paid: TD Bank	8	12	2014	$ 11.05
Mailing Address: 217 W Lehigh Ave				
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133		
Description of Expenditure: Close out fee				

Schedule III Total: $ 1,137.39

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

SCHEDULE IV

Statement Of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Name of Creditor			Outstanding Balance of Debt
Mailing Address		Date Debt Incurred MO DAY YEAR	
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor			Outstanding Balance of Debt
Mailing Address		Date Debt Incurred MO DAY YEAR	
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor			Outstanding Balance of Debt
Mailing Address		Date Debt Incurred MO DAY YEAR	
City	State	Zip Code (Plus 4)	
Description of Debt			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

Schedule IV Total

Commonwealth of Pennsylvania

Campaign Finance Report

(Note: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 1776395	Report Filed By:	1.	2. X	3.	
Name of Filing Committee, Candidate or Lobbyist: Quetcy Lozada for State Rep					
Street Address: 4323 Palmetto Street					
City: Philadelphia		State: PA	Zip Code: 19124		

TYPE OF REPORT							
	1.	2.	3.			X	
	4. X	5.	6.		X		
	7.	YEAR 2014					

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number:	Office Code:	Party Code:	County Code:
Representative in the General Assembly	11 4 2014	180	STH	DEM	51

Summary of Receipts and Expenditures from: 6 10 2014 To 9 15 2014

A. Amount Brought Forward From Last Report	$ 783.97
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 353.42
C. Total Funds Available (Sum of Lines A and B)	$ 1,137.39
D. Total Expenditures (From Schedule III)	$ 1,137.39
E. Ending Cash Balance (Subtract Line D from Line C)	$ 0
F. Value of In-Kind Contributions Received (From Schedule II)	$ 0
G. Unpaid Debts and Obligations (From Schedule IV)	$ 0

CITY COMMISSIONERS
2015 MAR -2 P 4: 3
COUNTY BD. OF ELECTIONS

AFFIDAVIT SECTION

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20 ____

Signature

My commission expires _____ MO. DAY YEAR

Signature of Person Submitting Report

Printed Name

Area Code

Daytime Telephone Number

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

28 day of February 20 15

Signature

My commission expires 3 6 2016 MO. DAY YEAR

Signature of Candidate

QUETCY LOZADA

Printed Name

267

Area Code

648.7423

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
MIGUEL MARTINEZ, Notary Public
City of Philadelphia, Phila. County
My Commission Expires March 6, 2016

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
MIGUEL MARTINEZ, Notary Public
City of Philadelphia, Phila. County
My Commission Expires March 6, 2016

SCHEDULE I

Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

TOTAL for the Reporting Period (1)	$ 0
Contributions Received from Political Committees (Part A)	
All Other Contributions (Part B)	$ 0
	$ 0
TOTAL for the Reporting Period (2)	$ 0
Contributions Received from Political Committees (Part C)	
All Other Contributions (Part D)	$ 0
	$ 0
TOTAL for the Reporting Period (3)	$ 0
TOTAL for the Reporting Period (4)	$ 353.42
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	$ 353.42

Part A

Contributions Received From Political Committees

$50.01 TO $250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from $50.01 to $250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

Part A Total

Part B

All Other Contributions

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committe or Candidate			Reporting Period From 06/10/2014 To 09/15/2014
Quetcy Lozada for State Rep			
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

Part B Total

Part C

Contributions Received From Political Committees

OVER $250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over $250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee			
Mailing Address			
City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

Part C Total

Part D

All Other Contributions

OVER $250.00

Use this Part to itemize all other contributions with an aggregate value of over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

Part D Total

Part E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate: Quetcy Lozada for State Rep

Reporting Period: From 06/10/2014 To 09/15/2014

Full Name	Mailing Address	City	State	Zip Code (Plus 4)	Receipt Description	Date	Amount
PECO Exelon	PO Box 37629	Philadelphia	PA	19101	Refund	6 12 2014	$ 250.00
M Burr Keim Co	2021 Arch St, #2	Philadelphia	PA	19103	Refund-duplicate charge	7 8 2014	$ 103.42

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

Part E Total: $ 353.42

SCHEDULE II

In-Kind Contributions And Valuable Things Received

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committe or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

TOTAL for the Reporting Period (1)	$ 0
TOTAL for the Reporting Period (2)	$ 0
TOTAL for the Reporting Period (3)	$ 0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.	$ 0

SCHEDULE II

Part F

In-kind Contributions Received

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Contribution			
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Contribution			
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Contribution			
Full Name of Contributor			[redacted]
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Contribution			

Part F Total

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

SCHEDULE II
Part G

In-kind Contributions Received

VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period
Quetcy Lozada for State Rep	From 06/10/2014 To 09/15/2014

[redacted]

Full Name of Contributor			
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	

[redacted]

Full Name of Contributor			
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	

[redacted]

Full Name of Contributor			
Mailing Address			
City	State	Zip Code (Plus 4)	
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	

Part G Total

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate: Quetcy Lozada for State Rep

Reporting Period: From 06/10/2014 To 09/15/2014

To Whom Paid	Date	Amount
Lead Pac	8 19 2014	$ 297.52
Mailing Address: PO BOX 60957		
City: Philadelphia; State: PA; Zip Code (Plus 4): 19133		
Description of Expenditure: Contribution-closed acct		
TMobile	6 10 2014	$ 97.15
Mailing Address: NTF		
City: Philadelphia; State: PA; Zip Code (Plus 4):		
Description of Expenditure: Cellphone		
Liberty Gas	6 12 2014	$ 68.31
Mailing Address: NTF		
City: Philadelphia; State: PA; Zip Code (Plus 4): 19100		
Description of Expenditure: Gas expenses		
Dunkin Donuts	6 23 2014	$ 13.43
Mailing Address: NTF		
City: Philadelphia; State: PA; Zip Code (Plus 4):		
Description of Expenditure: Mtg expense		
TD Bank	6 30 2014	$ 8.00
Mailing Address: 217 W Lehigh Ave		
City: Philadelphia; State: PA; Zip Code (Plus 4): 19133		
Description of Expenditure: Service Fee		
TD Bank	7 31 2014	$ 8.00
Mailing Address: 217 W Lehigh Ave		
City: Philadelphia; State: PA; Zip Code (Plus 4): 19133		
Description of Expenditure: Service Fee		

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate: Quetcy Lozada for State Rep

Reporting Period: From 06/10/2014 To 09/15/2014

To Whom Paid	Date	Amount
TD Bank	7 1 2014	$ 250.00
Mailing Address: 217 W Lehigh Ave		
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133
Description of Expenditure: Community Contribution		
TD Bank	7 28 2014	$ 200.00
Mailing Address: 217 W Lehigh Ave		
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133
Description of Expenditure: Community Contribution		
Acme	7 21 2014	$ 25.01
Mailing Address: NTF		
City: Philadelphia	State: PA	Zip Code (Plus 4):
Description of Expenditure: Meeting Expense		
TD Bank	7 1 2014	$ 3.00
Mailing Address: 217 W Lehigh Ave		
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133
Description of Expenditure: Bank fee		
Travelers CA	7 28 2014	$ 6.50
Mailing Address: NTF		
City: Ocean City	State: NJ	Zip Code (Plus 4):
Description of Expenditure: Meeting Expense		
Travelers CA	7 30 2014	$ 16.00
Mailing Address: NTF		
City: Ocean City	State: NJ	Zip Code (Plus 4):
Description of Expenditure: Meeting Expense		

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate: Quetcy Lozada for State Rep

Reporting Period: From 06/10/2014 To 09/15/2014

To Whom Paid	Date	Amount
Sunoco	8 4 2014	$ 30.00
Mailing Address: NTF		
City: Ocean City	State: NJ	Zip Code (Plus 4):
Description of Expenditure: Meeting Expense		
To Whom Paid: M Burr Keim Co	6 10 2014	$ 103.42
Mailing Address: 2021 Arch St, #2		
City: Philadelphia	State: PA	Zip Code (Plus 4): 19103
Description of Expenditure: Duplicate Charge		
To Whom Paid: TD Bank	8 12 2014	$ 11.05
Mailing Address: 217 W Lehigh Ave		
City: Philadelphia	State: PA	Zip Code (Plus 4): 19133
Description of Expenditure: Close out fee		

Schedule III Total: $ 1,137.39

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

SCHEDULE IV

Statement Of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate			Reporting Period From 06/10/2014 To 09/15/2014
Quetcy Lozada for State Rep			
Name of Creditor			Outstanding Balance of Debt
Mailing Address		Date Debt Incurred [redacted]	[redacted]
City	State	Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address		Date Debt Incurred [redacted]	[redacted]
City	State	Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address		Date Debt Incurred [redacted]	[redacted]
City	State	Zip Code (Plus 4)	
Description of Debt			
			Schedule IV Total

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.